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ABSTRACT

People with alcohol or other drug disease face public and private policies that restrict their access to appropriate health care, employment, and public benefits, discouraging them from seeking treatment, robbing them of hope for recovery, and costing society millions of dollars. Join Together, a project of Boston University School of Public Health, formed a national policy panel in the spring of 2002 to address this discrimination. The panelists developed the two principles and ten recommendations contained in this report, relying principally upon the written and oral testimony which they received. Join Together was assisted in this effort by the American Bar Association's Standing Committee on Substance Abuse, which facilitated the panel's initial hearing at the ABA's Annual Meeting in August 2002. Includes a list of resources and selected readings. (GCP)

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ED 479 835

Recommendations from a National Policy Panel

ENDING DISCRIMINATION

AGAINST PEOPLE WITH ALCOHOL AND DRUG PROBLEMS

2003

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About This Report

People with alcohol or other drug disease face public and private policies that restrict their access to appropriate health care, employment, and public benefits, discouraging them from seeking treatment, robbing them of hope for recovery, and costing society millions of dollars.

Join Together, a project of Boston University School of Public Health, formed a national policy panel in the spring of 2002 to address this discrimination. The panelists developed the principles and recommendations contained in this report, relying principally upon the written and oral testimony which they received.

Join Together was assisted in this effort by the American Bar Association's Standing Committee on Substance Abuse, which facilitated the panel's initial hearing at the ABA's Annual Meeting in August 2002.

The policies contained herein represent the positions and views solely of the Policy Panel, and should not be construed to be those of the American Bar Association unless and until approved by the American Bar Association's House of Delegates. As of the publication of this report, the House of Delegates has not considered any of the policies.

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This report is available on Join Together's website in PDF format at:
www.jointogether.org/discrimination

Letter from the Chair

As an attorney and a former mayor of a city that has long been plagued by problems relating to alcohol and other drugs, it was with particular interest that I agreed to chair a national panel on discrimination against individuals seeking treatment and recovery from alcohol or other drug disease.

From our first meeting in June 2002, it was readily apparent that this group of people, who represent a spectrum of beliefs, experiences, and expertise, were determined to set aside preconceived ideas and ideologies in order to forge a consensus on what our country needs to do to address the terrible discrimination suffered by many people who seek to recover from addiction.

We held a hearing to receive testimony during the annual meeting of the American Bar Association in August 2002. We also received testimony from many others by mail, and we met again as a group in November.

No one expected the panel members to agree on everything. In fact, we deliberately selected individuals who would bring to the table diverse, often contrary, points of view and arguments. It was, therefore, with growing surprise that we achieved agreement and closure on principle after principle regarding what we can and should be doing to remedy arbitrary and unfounded discrimination against recovering individuals.

We offer the following recommendations in the same spirit in which they were developed: as a non-partisan, humane, rational approach to discrimination in this area. It is our hope that policy makers, community leaders, providers, and perhaps most of all, the legal and judicial communities consider these suggestions as a springboard for action.

Kurt L. Schmoke, Esq., *Panel Chair*, Dean, Howard University School of Law
on behalf of the panel

- **Graham Boyd**, Esq., Director, ACLU Drug Policy Litigation Project
- **Lonnie R. Bristow**, M.D., Past President, American Medical Association
- **Benjamin R. Civiletti**, Esq., Partner, Venable Baetjer Howard & Civiletti
- **Terrence R. Cowan**, M.P.A., CEAP, President & CEO, Workers Assistance Program of Texas
- **Paul Hedquist**, Ph.D., CEO, Employee & Family Resources
- **Alexandra Marks**, M.P.A., Senior National Correspondent, Christian Science Monitor
- **The Honorable Leslie Miller**, Esq., Superior Court of Arizona
- **John D. O'Hair**, Esq., Former Prosecuting Attorney, Wayne County, Michigan
- **Paul N. Samuels**, Esq., Director/President, Legal Action Center
- **Lisa Mojer-Torres**, Esq., Civil Rights Attorney
- **Richard K. Willard**, Esq., Senior Vice President, Legal & General Counsel, The Gillette Company

Judge Miller and Ms. Marks participated in panel discussions but due to ethical considerations take no position on the panel recommendations.

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- People seeking treatment or recovery from alcohol or other drug disease should not be subject to legally imposed bans or other barriers based solely on their addiction. Such bans should be identified and removed.

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Principles Guiding this Report

In 2002, Join Together, a project of Boston University School of Public Health, convened a national policy panel to address discrimination against people seeking treatment or recovery from alcohol or other drug disease.

This effort was prompted, in part, by a national survey of people in recovery and their family members that presented groundbreaking findings about the barriers confronting people seeking treatment. Over 30 percent cited lack of insurance, the cost of treatment, or the scarcity of treatment programs; almost 20 percent said they feared being fired or facing discrimination at work; and almost 40 percent said they were very or fairly concerned that other people would find out about their problem[1].

Source: 2001 National Household Survey on Drug Abuse

As it turns out, their fears were well founded. In the same survey, one quarter of people in recovery reported they had been denied a job or promotion or had trouble getting insurance; and four in ten said they experienced shame or social embarrassment because they were in recovery.

In fact, people seeking treatment and recovery from alcohol or other drug disease routinely and consistently encounter public and private policies that impede their ability to get jobs, housing, and appropriate medical care.

- People with alcohol or other drug disease pay higher deductibles and co-payments for treatment, get fewer visits and days of coverage, and have more restrictions on the amount they can spend, even when their insurance benefits cover treatment—if they are insured at all.
- The Americans with Disabilities Act is applied very narrowly to people with drug and alcohol disease; therefore, employees who seek treatment are frequently fired before they can get help.
- People with a primary diagnosis of alcohol or other drug disease cannot get federal disability benefits.

> As professionals and as leaders in our communities, we are concerned about the health of all our citizens and we must take responsibility for ending discrimination against people seeking to recover from substance use disorders. Addiction is not a moral failing; it is a disease, and a significant public health problem.
>
> **Alfred P. Carlton, Jr.,**
> President,
> American Bar Association,
> in his testimony to the panel

[1] Peter D. Hart and Associates. "The Face of Recovery." October 2001.

Principles Guiding this Report

People with drug convictions face additional barriers. Many of them leave jail or prison with substance use problems. However, federal laws bar them from receiving welfare or food stamps to support themselves while they get treatment—and unless they complete a treatment program, they are banned from public housing and receiving federal financial aid for a period of time. As a result, it is nearly impossible for them to re-establish themselves in society.

That is the conundrum presented by policies that sanction discrimination as a deterrent or punishment. They might make sense on paper, but in practice they are counterproductive. Discrimination creates real obstacles to treatment and recovery, which perpetuate substance use, family violence, school dropout rates, crime, injuries, and the spread of HIV and other infectious diseases.

The panel agreed upon two principles and ten policy recommendations that will help stop discrimination.

Principle One:
Addiction to alcohol or other drugs is a treatable chronic disease that should be viewed and addressed as a public health issue.

There is growing recognition and acceptance of the fact that addiction is a chronic illness, and that public and private policies should be modified to allow people with alcohol or other drug disease to receive treatment and recovery support at parity with that available to people with other chronic illnesses.

While alcohol or other drug use begins voluntarily, years of research have shown that continued use causes biological, psychological, and behavioral changes. For some people, these changes compromise their ability to stop. They become addicted, compulsively seeking and using alcohol or other drugs. Effective care can produce control of this chronic illness, which is qualitatively similar to other chronic illnesses such as diabetes, hypertension, and asthma.

As a recovering woman, I have personally suffered the scorn of others who are confused, bitter and misled about addiction. I still today sometimes get the reaction of how could a nice person like me be an alcoholic. It is hard not to take it personally when I read public opinion polls of both professionals and the general public who believe addiction to be a moral weakness rather than a disease. How could people still believe this in the year 2002?

Former First Lady
Betty Ford,
in her testimony to the panel

Alan Leshner, Ph.D., CEO of the American Association for the Advancement of Science and former director of the National Institute on Drug Abuse, acknowledges the paradox created by this vicious cycle: "The recognition that addiction is a brain disease does not mean that the addict is simply a hapless victim. Having this brain disease does not

absolve the addict of responsibility for his or her behavior, but it does explain why an addict cannot simply stop using drugs by sheer force of will alone." [2]

Prevention can play an important role in abating alcohol or other drug use before it becomes a problem. But for those who become addicted, treatment and recovery provide a path to restored health and functioning. People can take medication, modify their behavior, and learn how to live with their health conditions. Relapse is possible, as it is with other illnesses. But when people relapse, they need more treatment and support—just like other illnesses.

Principle Two:
People seeking treatment or recovery from alcohol or other drug disease should not be subject to legally imposed bans or other barriers based solely on their addiction. Such bans should be identified and removed.

People with alcohol or other drug disease face significant obstacles obtaining health insurance, appropriate medical care, employment, public benefits, education and training programs, and housing. The panel agreed that people should not be punished repeatedly for the same offense, which, it believes, is what occurs when lengthy or lifetime bans are imposed.

Federal, state, local, and private policies create many of these barriers. Furthermore, many of these bans apply only to people who have problems with alcohol or other drugs. They apply to people with and without drug convictions, not to others who have committed acts of violence or other criminal offenses or social disruption. And they make treatment, recovery, and simply re-establishing one's self in society virtually impossible for many.

Bans enforced without considering individual circumstances often have unintended, counterproductive consequences. Decisions should be based on an individual's present circumstances and not on his or her past, so that people who are in treatment or recovery from drug or alcohol disease can have equal opportunities to live successful lives.

From these principles, the panel established the following recommendations.

Health Care

- Insurance coverage for treatment of alcohol or other drug disease should be at parity with that for other illnesses.
- Insurers should not be allowed to deny claims for the care of any injury sustained by an insured person if he or she was under the influence of alcohol or other drugs at the time of injury.

[2] Leshner AI. "Addiction is a Brain Disease." *Issues in Science and Technology Online*, 17(3): Spring 2001.

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- Treatment for alcohol or other drug disease should be personalized to each patient, and based on the best scientific protocols and standards of care, including the use of appropriate medications, behavioral therapies, and ancillary services that significantly enhance the likelihood of success.

Employment

- Employees who voluntarily seek treatment for alcohol or other drug use should not be subject to discriminatory actions or termination.
- Past alcohol or other drug use should be considered *only* when relevant to the job.

Public Benefits

- People with drug convictions but no current drug use should face no obstacles getting student loans, other grants, scholarships, or access to government training programs.
- Persons with non-violent drug convictions but no current drug use should not be subject to bans on receiving cash assistance and food stamps.
- Public housing agencies and providers of Section 8 and other federally assisted housing should use the discretion given to them in the public housing law to help people get treatment, rather than permanently barring them and their families from housing.
- People who are disabled as a result of their alcohol or other drug disease should be eligible for Social Security Disability Income and Supplemental Security Income.
- Decisions involving the custodial status of children should be made in the best interests of a child based on what is happening in the home.

☑ ***Recommendation*: Insurance coverage for treatment of alcohol or other drug disease should be at parity with that for other illnesses.**

Even people with health insurance may not have coverage for treatment for alcohol or other drug disease, or their plans may limit the number of times they can receive care in a year or a lifetime and make them pay more for treatment than for other health services.

While these restraints were established in part to control expenses, providing equal care for treatment makes more financial sense for employers and for society. Many studies show that treatment coverage increases insurance premiums by less than one percent[3]. In return, the benefits of providing coverage are many; in just one example, employees' sickness claims and hospitalization rates dropped by half after they got treatment[4].

Six states—Connecticut, Delaware, Minnesota, Vermont, Virginia, and West Virginia[5]—require private insurers to cover alcohol or other drug treatment at parity with other diseases for plans written in those states. Additionally, all federal employees and their dependents (nine million people in total), and state employees in Indiana, North Carolina, and South Carolina have parity coverage.

Twenty-one states mandate coverage in plans written in those states. However, frequently the mandated benefits laws are not enforced as written. As Deb Beck, President of Drug and Alcohol Service Providers Organization of Pennsylvania, told the panel in her testimony, insurers in her state deny detoxification, delay authorization for admissions, and approve only 3-7 days of care despite a law mandating a 30-day minimum.

The Connecticut General Assembly passed mental health and substance abuse parity together because we believed the 1997 Milliman and Robertson study that indicated that substance abuse parity will increase premiums by less than one percent or less than $1 per member per month.

In July 2002, the Connecticut Insurance Department reported that since the enactment of the law, there have been no appreciable or discernable increases in costs for fully insured plans.

The Honorable
Toni Nathaniel Harp,
Connecticut State Senator,
Tenth Senatorial District,
in her testimony to the panel

Most health insurance plans are not governed by states' rules, though. Over 80 million Americans work for employers who fund their own health plans[6]. They are regulated by the Employee Retirement Income Security Act of

[1] Milliman & Robertson, Inc. *Premium Estimates for Substance Abuse Parity Provisions for Commercial Health Insurance*. 1997; see also, Substance Abuse and Mental Health Services Administration. *The Costs and Effects of Parity for Mental Health and Substance Abuse Insurance Benefits*, 1998.
[4] Langenbucher J, et al. *Socioeconomic Evaluations of Addictions Treatment*. Piscataway, NJ: Center of Alcohol Studies, Rutgers University, 1994.
[5] National Conference of State Legislators. *Mental Health and Substance Abuse Parity*. December 2002.
[6] Ensuring Solutions. *Workplace Solutions: Treating Alcohol Problems Through Employment-Based Health Insurance*. December 2002.

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1974 (ERISA), which provides some guidance for the coverage of mental health problems but not for alcohol or other drug disease.

Recommended Actions:

- ⇨ State legislatures should pass laws that require insurers writing policies in their states to cover treatment for alcohol or other drug disease that is at parity with coverage for other illnesses.
- ⇨ States with mandated benefits laws should establish policies to ensure the laws are enforced as written, including providing toll-free numbers so consumers can register complaints and enforcing other means of reviewing compliance.
- ⇨ The federal government should require companies regulated under the Employee Retirement Income Security Act of 1974 (ERISA) to cover treatment for alcohol or other drug disease at parity with other conditions.
- ⇨ The federal government should require Medicare and Medicaid to cover treatment for alcohol or other drug disease at parity with other conditions.

☑ ***Recommendation*: Insurers should not be allowed to deny claims for the care of any injury sustained by an insured person if he or she was under the influence of alcohol or other drugs at the time of injury.**

Over 50 years ago, the National Association of Insurance Commissioners (NAIC) wrote a model law that was adopted by more than 40 states. The Uniform Accident and Sickness Policy Provision Law (UPPL) states that insurers "shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician." It applies to all types of insurance, including auto, health, and workers' compensation.

The potential for denied claims has a chilling effect on physicians and staff of hospital emergency rooms and trauma centers, who may be discouraged to screen injured patients for alcohol or other drug use. Approximately 50 percent of trauma patients have alcohol in their blood at the time of injury[7]. Screening and motivationally based interventions at the time of trauma directly leads to reduced drinking and the prevention of further

Insurers in shaded states may deny claims.

[7] Rivara FP, et al. "Screening Trauma Patients for Alcohol Problems: Are Insurance Companies Barriers?" *The Journal of Trauma, Injury, Infection, and Critical Care*. 48(1). 115-118, 2000.

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injuries[8], and has the potential to save $327 million in direct medical costs over five years[9]. Screening should be encouraged rather than discouraged.

In March 2001, the National Council on Insurance Legislators adopted a resolution calling for the repeal of the UPPL. In June 2001, NAIC amended its model law. Since then, statutes in Maryland and North Carolina have been amended.

Recommended Actions:

- ⇨ State legislatures should repeal the National Association of Insurance Commissioners' Uniform Accident and Sickness Policy Provision Law.
- ⇨ In some states, the UPPL is not law but is still employed by insurance carriers. In those states, insurers should be required to change their policies.

☑ ***Recommendation*: Treatment for alcohol or other drug disease should be personalized to each patient, and based on the best scientific protocols and standards of care, including the use of appropriate medications, behavioral therapies, and the ancillary services that significantly enhance the likelihood of success.**

There are many different types of treatment for alcohol or other drug disease, and no single treatment is appropriate for each individual. Unfortunately, many people with alcohol or other drug disease get placed in "one size fits all" treatment based on their addictive substance, or they are placed in any program that is available and affordable. They often do not receive care for co-occurring physical or mental problems. People who are prescribed medication frequently receive doses that are too low to be effective, a problem particularly seen in methadone maintenance therapy[10]. Furthermore, some insurance companies require people to "fail" one level of care before authorizing more intensive care.

Discriminatory policies in the treatment of alcohol or other drug disease extend to treatment programs. There are many providers who feel that abstinence from all drugs, even those used to treat co-occurring illnesses, is the primary goal of recovery. For example, the panel received testimony from John de Miranda, Executive Director of the National Association on Alcohol, Drugs and Disability, about treatment programs in California and Ohio that "will not admit clients who require certain medications…including aspirin, anti-seizure drugs, anti-spasmodics, and ibuprofen."

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[8] Gentilello LM, et al. "Alcohol Interventions at a Trauma Center as a Means of Reducing the Risk of Injury Recurrence." *Annals of Surgery*. 230(4): 473-483, 1999.
[9] National Conference of Insurance Legislators. Resolution in support of amending the NAIC Uniform Accident and Sickness Policy Provision Law. Adopted on March 2, 2001.
[10] D'Aunno T and Pollack HA. "Changes in Methadone Treatment Practices: Results from a National Panel Study, 1988-2000." *JAMA* 288(7): 850-856, 2002.

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Finally, many local governments use zoning regulations to prevent the development and placement of treatment facilities, particularly methadone clinics—even though courts have ruled that these attempts violate the Americans with Disabilities Act, the Rehabilitation Act, and the Fair Housing Act[11]. In other communities, residents simply protest "not in my backyard" until a treatment program gives up. Betty Ford provided a poignant example in her testimony:

> "One of our treatment programs works with state diversion groups who refer physicians, dentists, pharmacists, nurses, and attorneys. Often these professional programs want their clients in treatment for 60-90 days. We leased 14 single-family homes on a single street that was blocks away from other residential developments.
>
> The week we moved our patients into these homes, the nearby residents began to protest. Not only did they take their protests to the city and the press, but they also picketed in front of these homes and had their young children marching with them. They screamed and yelled at our patients to go home. They threatened to videotape our patients going to and from the homes and make public their tapes. We met with the residents on several occasions and were always shouted down. Both the city and the local newspaper came to our support but there was no change in the residents' behavior.
>
> So, the Betty Ford Center, maybe the best-known treatment center in the world, had to find alternate housing for our patients. NIMBY is alive and well in 2002."

Recommended Actions:

- ⇨ Every person in treatment should have an individualized plan that combines the use of medication, behavioral therapy, continued follow up, and ancillary services and takes into account the treatment of any co-occurring mental or physical diseases.
- ⇨ Health care providers should use methadone, buprenorphine/naloxone, and other medications as part of their approach to treat alcohol or other drug disease. These medications should be prescribed at the appropriate dose, and should be dispensed in places that are safe and convenient for the patient, including office-based settings.
- ⇨ Ancillary services, such as childcare and transportation, should be included in treatment plans. Mandated treatment should include mandated ancillary services.

[11] *Siting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome*. CSAT Technical Assistance Publication (TAP) Series 14. DHHS Publication No. (SMA) 95-3050. 1995.

Recommendations to End Discrimination in Health Care

- ⇨ All health care providers should be able to identify substance use disorders and refer people to appropriate treatment.
- ⇨ Professionals, such as lawyers, judges, probation officers, and child welfare workers, who come into contact with people who may have alcohol or other drug disease should be trained to identify signs of abuse and know what to do next.
- ⇨ Trained substance abuse counselors should receive special incentives to locate in rural areas. Federal programs should be flexible, allowing rural areas to use funds and technical assistance to address their unique needs.
- ⇨ Local and state governments should not continue to block the development of treatment centers, sober housing units, and other facilities used to support treatment and recovery.

> Indigent clients, prenatal and post-partum women, working poor, and people involved with the criminal justice system, to name a few, are having their treatment options determined by what services are available or what someone is willing to pay, rather than the circumstances of their addiction.
>
> **Brian M. Hughes,**
> Assistant to the Director,
> New Jersey Governor's Council on Alcohol and Drug Abuse,
> in his testimony to the panel

Recommendations to End Discrimination in Employment

☑ ***Recommendation*: Employees who voluntarily seek treatment for alcohol or other drug use should not be subject to discriminatory actions or dismissal.**

In 2000, an estimated 70 percent of people needing treatment for drug or alcohol disease were employed[13]. But very few got treatment, for a variety of reasons. Some workers fear retribution—more than one in five insured employees believe they would face "negative consequences" ranging from being fired to losing a license or a promotion if they simply asked about their coverage for treatment[14]. Many employees do not have insurance coverage. Some feel shame about their illness and don't want to draw attention to it. More than a few simply deny they have a problem.

I won't turn my back on Doc (Gooden), and I won't turn my back on Darryl (Strawberry), and I'll tell you why. These fellas—it's a sickness. And if we don't go at the root of the thing and cure that, how can you blame the user? How can you blame the kids who get put upon and don't have the will to resist? [12]

George Steinbrenner,
owner, New York Yankees

Unfortunately, the Americans with Disabilities Act, which protects millions of people with disabilities, offers limited protection to people seeking treatment for and recovery from alcohol or other drug disease. A 1998 decision by the Fifth Circuit court found that alcoholics are not protected unless their illness is so extreme that they have permanent, debilitating conditions, such as altered gait, memory loss when sober, or long-term insomnia[15]. Therefore, an employer can fire or refuse to promote someone who might have a problem and wants to seek help before it gets worse.

Alternatively, employers can establish workplace-related performance standards, such as Drug-Free Workplace programs that prohibit alcohol or other drug use while at work. People who violate their employers' policies should receive disciplinary action. Those who do not specifically violate the policy, yet have a problem, need help, not punishment.

In such cases, employee assistance programs (EAPs) play a valuable role. The Department of Labor, the Substance Abuse and Mental Health Services Administration, and the Drug Enforcement Agency all recommend using employee assistance programs in drug-free workplace programs. As Dorothy Blum, vice president of the Employee Assistance Professionals Association, testified, "Approximately 20 percent of all voluntary referrals to the EAP involve substance abuse issues. When a supervisor or manager refers an employee for concerns related to job performance, between 50 and 78 percent involve substance abuse. Intervention and confidential assistance by an EAP promotes safe, productive, profitable and healthy workplaces."

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[12] Cassidy J. "Yankee Imperialist." *The New Yorker*, p. 50. July 8, 2002.
[13] Substance Abuse and Mental Health Services Administration. *Results from the 2000 National Household Survey on Drug Abuse: Volume I. Summary of National Findings*. 2001.
[14] Hazelden Foundation press release. "Survey: U.S. Employees Fear Loss of Job if They Seek Drug, Alcohol Treatment." October 25, 2002.
[15] *Burch v. Coca Cola*, 119 F.3d 305 (5th Cir. 1997), *cert. denied*, 522 U.S. 1084 (1998)

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Additionally, studies show that employee assistance programs and coverage for treatment can actually save money. Chevron saved an estimated $14 for every dollar it spent on an EAP by retaining employees who used the program instead of having to replace them[16]. A study of Abbott Laboratories found people who used the EAP had significantly lower health insurance claims than a group of employees who did not, resulting in savings equal to twice the cost of the program[17].

Recommended Actions:

- ⇨ Employers should make reasonable accommodations for people to get help and recover, including providing employee assistance programs and insurance coverage at parity with other illnesses.
- ⇨ Employees who are confronted by an employer about substance use should have immediate access to an employee assistance professional or someone else who can help them.

I was the host of CNN's TalkBack Live when an overdose exposed my addiction. The support of CNN management laid a firm foundation for my recovery. I stayed with CNN for one and a half years of sobriety and chose to leave at the end of my contract.

About two and a half years into recovery, I got a job offer from an international organization. During the final conversation with the CEO I asked if he had any questions or concerns about my recovery. He said, "What recovery?" I said, "From drug and alcohol addiction." He withdrew the job offer. I will never forget the look on his face when he said, "How could you ever even begin to think we would want someone like *you* to represent *us*?"

Susan Rook, recovery advocate, in her testimony to the panel

☑ ***Recommendation*: Past alcohol or other drug use should be considered only when relevant to the job.**

Experts estimate that when someone tells a prospective employer that he or she is in recovery, 75 percent of the time they will not get the job[18].

Effective treatment can restore normalcy to a person's life. Medications and behavioral therapies have been shown to heal damage caused by alcohol or other drug disease.

Relapses may occur—just as diabetics may experience problems if they don't follow their diet plans. But with support from employers and others, the potential for relapse decreases as time in recovery increases.

Recommended Actions:

- ⇨ When confronted with potential or current employees' past alcohol or other drug use, employers should make decisions on whether the person is appropriate for employment based on the job requirements and the individual's health.
- ⇨ State licensing boards for attorneys, physicians, and other professionals should not single out past alcohol or other drug use as a bar to licensing or a requirement for special restrictions any more than they would for past health-related conditions.

[16] Collins KR. "Cost/Benefit Analysis Shows EAP's Value to Employer." *EAPA Exchange*, pp. 16-20. Nov-Dec 1998.
[17] Collins KR. "EAP Cost/Benefit Analyses: The Last Word." *EAPA Exchange*, pp. 30-31. Nov-Dec 2000.
[18] Marks A. "Jobs Elude Former Drug Addicts." *The Christian Science Monitor*. June 4, 2002.

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Recommendations to End Legally Sanctioned Discrimination Governing Public Benefits

☑ ***Recommendation*: People with drug convictions but no current drug use should face no obstacles getting student loans, other grants, scholarships, or access to government training programs.**

The Drug-Free Student Aid provision to the 1998 Higher Education Act states that people with drug convictions cannot receive federal financial aid for a period of time determined by the type and number of convictions. This law does not apply to others with convictions, including drunk-driving offenses, violent crimes, or other criminal offenses.

Federal financial aid can be used at all types of colleges and career schools, including community colleges, beauty schools, and technical institutes. Since the law's inception, over 92,000 people have been denied aid—35,098 of those for the 2002-2003 school year. Many thousands of others simply chose not to apply[19].

People can participate in treatment programs to get their aid restored. However, a drug conviction is a poor proxy for whether someone has a drug problem. Therefore, this law may coerce people into treatment they may not need while they occupy slots that other people could use.

Also, many people may not be able to afford treatment. At the hearing, the panel heard from Marisa Garcia, a student at California State University–Fullerton who was denied aid because of a misdemeanor possession charge. She said, "I called a number of programs in my area and found that many of them were six-month residential facilities. The cost of these programs was extraordinary and if I could not afford to pay for school on my own, paying for these programs was completely out of the question."

Neither an indiscretion nor a past criminal conviction should play a role in denying a person the opportunity for education and training that will enable him or her to get a job and earn an honest living.

Recommended Actions:

⇨ Congress should repeal the Drug-Free Student Aid provision of the Higher Education Act.

☑ ***Recommendation*: Persons with non-violent drug convictions but no current drug use should not be subject to bans on receiving cash assistance and food stamps.**

Under Section 115 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (more familiarly known as the welfare reform act), persons convicted of a state or federal felony offense for selling or using drugs are subject to a lifetime ban on receiving cash assistance and food stamps. Convictions for other crimes, including

[19] Personal communication, Drug Reform Coordination Network, February 2003.

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murder, do not result in the loss of benefits. Section 115 affects an estimated 92,000 women and 135,000 children[20].

The panel understands that it is potentially detrimental to provide cash assistance to people with alcohol or other drug disease. However, some women start drug treatment in jail and want to continue when they leave. But without public benefits they have to find jobs to support themselves and their families, and they cannot stay in treatment. Kathy Wellbank, director of Interim House, a treatment facility in Philadelphia, describes this waterfall effect in her testimony:

> "Our women have no money for basic needs such as food, clothing and shelter—let alone money for transportation to and from a job. I have observed women with little work experience and limited social skills enter the workforce unprepared. They were unable to remain in treatment or participate in a job-training program because they had no means to support themselves, nor were they eligible for special allowances for transportation, clothing, or day care. I have witnessed incidents where women have gone without eating, have gone without winter coats during a snowstorm, and have intentionally committed a crime so they could support themselves or their children."

Recommended Actions:

- ⇨ Congress should repeal Section 115 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- ⇨ People with active alcohol or other drug disease should receive benefits in the context of a treatment program that helps them manage their income.

☑ ***Recommendation*: Public housing agencies and providers of Section 8 and other federally assisted housing should use the discretion given to them in the public housing law to help people get treatment, rather than permanently barring them and their families from housing.**

Local housing agencies and others who supervise federally assisted housing are required to deny housing when any household member: uses alcohol in a way that interferes with the "health, safety or right to peaceful enjoyment" of the premises by other tenants; illegally uses drugs; or is convicted of drug-related criminal activity.

Pearlie Rucker, age 63, of Oakland, CA, lost her housing, along with her daughter, two grandchildren, and great-grandchild. They were evicted when her daughter, who has a mental disability, was found with cocaine several blocks away from their apartment. Mrs. Rucker had regularly searched her daughter's room for signs of drug use and had

[20] The Sentencing Project. *Life Sentences: Denying Welfare Benefits to Women Convicted of Drug Offenses.* October 2002.

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warned her that drug activity could lead to their eviction. Mrs. Rucker and three others who were evicted under similar circumstances sued and won in district court, but the federal government appealed. In March 2002, the Supreme Court decided against Mrs. Rucker[21].

The law provides housing authorities with discretion before eviction, including the ability to allow people to stay in public housing if they successfully complete a treatment program. Too frequently, though, that discretion is not used. People are summarily evicted or denied housing without individual consideration. It is easier to exclude those who cause problems than to provide services, but ultimately it simply shifts the problem to another area in the community.

> In New Haven, Connecticut, service providers worked with the local housing authority to build a continuum of care. Staff trained in case management, life skills support, and managing addictions are available at one high rise for 12 hours a day, seven days a week. Their presence has changed the building's dynamic; the housing authority manager reports greater lease compliance, more use of common facilities, and a greater sense of a functioning community.
>
> **Robert A. Solomon,**
> Clinical Professor of Law and Supervising Attorney,
> Yale Law School and former
> New Haven public housing director,
> in his testimony to the panel

Recommended Actions:

- ⇨ Local housing authorities should develop balanced policies to help people with active drug or alcohol disease get treatment while protecting the safety of the other residents.
- ⇨ Housing authorities should work with treatment providers in their community to establish a referral network, or to bring services to housing complexes.

☑ ***Recommendation*: People who are disabled as a result of their alcohol or other drug disease should be eligible for Social Security Disability Income and Supplemental Security Income.**

In 1972, Congress established the "Drug Abuse and Alcoholism" program for Supplemental Security Income (SSI). Intended to prevent people from using disability benefits to buy alcohol or drugs, it used self-designated "representative payees" to manage benefits while people attended mandatory treatment.

By the early 1990s, a Senate investigative report and subsequent government audits found the program was not preventing people from spending money on alcohol or drugs. Congress tried placing additional requirements on participants, but in 1996, Public Law

[21] Department of Housing and Urban Development v. Rucker (00-1770) 237 F.3d 1113, reversed and remanded.

104-121 eliminated SSDI and SSI for people whose primary disability was alcohol or other drug disease. The Social Security Administration estimates that when the law went into effect, more than 123,000 individuals lost benefits. But more than 86,000 recipients continued to receive benefits because they were reclassified into a different primary disability category or because of their age[22].

As Craig Andler, project manager for the Action Coalition to Ensure Stability for homeless persons with co-occurring disorders, told us in his testimony, "People are also ineligible for subsequent empowerment and entitlement benefits such as Medicaid persons with other disability eligibilities experience significant complications in application for benefits, due to chemical dependency issues. This has led to increased stigma, prejudice, and shame, and has resulted in significant increases in incarceration and legal involvements."

Additionally, people classified under other disabilities can still use their benefits to buy alcohol or other drugs. The law has clearly backfired.

A University of Washington outpatient treatment program serves as an institutional payee for severely mentally ill patients with alcohol or other drug disease. The program sets up bank accounts, manages income and pays bills. Program evaluations show that there is no evidence of increased substance use and hospitalizations when people receive their disability checks[23].

Recommended Actions:

- ⇨ Congress should repeal Public Law 104-121.
- ⇨ People with active alcohol or other drug disease should receive benefits in the context of an organized treatment program that helps them manage their income.

☑ ***Recommendation*: Decisions involving the custodial status of children should be made in the best interests of a child based on what is happening in the home.**

Child welfare experts report a "frequently occurring correlation"[24] between alcohol or other drug use and child abuse or neglect. Not all parents who use or abuse alcohol or other drugs neglect their children, and their children may not be in danger. Sometimes, however, a positive drug test creates a *presumption* of abuse or neglect. Under these circumstances, children are taken from their families and placed in situations that may or may not be better than their own homes.

More children could remain safely with their families if treatment and appropriate support services, such as family counseling and parenting skill development, were

[22] From testimony given by Ken Nibah, associate commissioner for disability, before the House Committee on the Budget, Task Force on Welfare, September 2000.
[23] Ries RK et al. "Unlinking Disability Income, Substance Use, and Adverse Outcomes in Dually Diagnosed Severely Mentally Ill Outpatients." *American Journal on Addictions*, forthcoming.
[24] Child Welfare League of America. "The Relationship Between Alcohol and Other Drugs and the Child Welfare System." 2000.

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available. One study showed that following treatment, women had improvements in parenting skills (including knowledge of growth and development, nutrition, safety, and positive discipline), no involvement with the criminal justice system, were employed, and had their children living with them[25].

Enhanced coordination, collaboration, and cross training between child welfare agencies, treatment providers and other groups could help strengthen some of these linkages. Child welfare staff should know the signs and symptoms of alcohol or other drug dependence, and treatment programs should provide childcare and other ways for women to seek recovery with their children.

Recommended Actions:

- ⇨ Child welfare workers and others who interact with children and families in the child welfare system, when faced with a positive drug test, should try to establish whether abuse and neglect are present, screen for alcohol or other drug disease, and refer parents to appropriate treatment and family therapy, before removing the children from their homes.
- ⇨ Treatment providers should provide more options for women's childcare needs.

> Treatment programs do not provide childcare, and women have no one with whom to leave their children. Thus, they face the proverbial Catch-22: leave the children alone, be arrested for abuse and neglect and lose your children that way, or fail to complete the program, have the court send you to prison, and lose your children through a termination of parental rights proceeding.
>
> **Lynn Hecht Schafran**, Director, National Judicial Education Program, in her testimony to the panel

[25] SAMHSA, Center for Substance Abuse Treatment. *The National Treatment Improvement Evaluation Study*. 1997.

Witnesses

The panel thanks the following individuals who gave written or oral testimony for the panel to consider:

Gordie Albi, Team Coordinator, Interventions NorthWest, Eugene, OR

American Academy of Addiction Psychiatry

Craig Andler, ACES Project Manager, Help and Hope for Recovery, Indianapolis, IN

Anonymous

Mark Barefoot, person in recovery

Deb Beck, M.S.W., President, Drug & Alcohol Service Providers Organization of Pennsylvania, Harrisburg, PA

Dorothy Blum, Ph.D., CEAP, Vice President, Employee Assistance Professionals Association, Arlington, VA

Richard Glen Boire, Esq., Executive Director, Center for Cognitive Liberty & Ethics, Davis, CA

David Borden, Students for Sensible Drug Policy

David Brink, Esq., Past President, American Bar Association

William N. Brownsberger, Esq., Senior Criminal Justice Advisor, Join Together, Boston, MA

Alfred P. Carlton, Jr., Esq., President, American Bar Association

The Honorable H. Brent Coles, Mayor, City of Boise, ID

Wilson Compton, M.D., M.P.E., Director, Division of Epidemiology, Services, and Prevention Research, National Institute on Drug Abuse, Bethesda, MD

John de Miranda, Executive Director, National Association on Alcohol, Drugs and Disability, Inc., San Mateo, CA

Debra Donahue, New Jersey Chapter, Advocates for Recovery through Medicine

Betty Ford, Chairperson, Betty Ford Center at Eisenhower, Rancho Mirage, CA

Sue Frietsche, Staff Attorney, Women's Law Project, Philadelphia, PA

Don Fowls, M.D., Chief Medical Officer & Executive V.P. Development, ValueOptions, Falls Church, VA

Marisa Garcia, student, California State University, Fullerton, CA

Donna Gathright, person in recovery

Larry Gentilello, M.D., Chief, Division of Trauma, Beth Israel Deaconess Medical Center, Boston, MA

Pamela Greenberg, M.P.P., Executive Director, American Managed Behavioral Healthcare Association, Washington, D.C.

Witnesses

The Honorable Toni Nathaniel Harp, Connecticut State Senator, Tenth Senatorial District

Shawn Heller, National Director, Students for Sensible Drug Policy

Brian Hughes, Assistant to the Executive Director, New Jersey Governor's Council on Alcohol and Drug Abuse

Dave Kerr, Founder and President, Integrity House, Newark, NJ

Kerri Kovacik, person in recovery

The Honorable William J. Larkin, Jr., President, National Conference of Insurance Legislators, Albany, NY

Edward J. McGuirl, LCDP, CODAC, Newport, RI

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National Association of Alcoholism and Drug Abuse Counselors

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Paul Samuels, Director & President, Legal Action Center, New York, NY

Lynn Hecht Schafran, Esq., Director, National Judicial Education Program, New York, NY

Jonathan Scott, President and Executive Director, Victory Programs, Boston, MA

Robert A. Solomon, Esq., Clinical Professor of Law and Supervising Attorney, Yale Law School, New Haven, CT

Kathy Wellbank, M.S.S., LSW, Director, Interim House, Philadelphia, PA

Darrell E. Williams, Chairman, State Advisory Council, Missouri Recovery Network, Springfield, MO

Take Action Against Discrimination

Join Together recommends the following action steps for community members who want to address discrimination against people seeking or in treatment or recovery from alcohol or other drug disease.

- **Talk to local business owners and human resources personnel about the positive impact that EAP services and parity health coverage can have on their workforce**. Ensuring Solutions' website has extensive background information about the benefits of treatment for alcohol disease: www.ensuringsolutions.org

- **Tell insurance companies that their customers want, expect, and will purchase parity coverage**. Also, make them accountable to the laws governing coverage in your state. PRO-ACT, a grassroots group in Pennsylvania, is working with the state attorney general and others to get insurers to adhere to its mandated benefit law: www.proact.org

- **Solicit support from health care professionals**. Make them aware of this report's recommendations. Help them overcome barriers to screening and learn where to refer people in your community. The more demand for treatment by providers and their patients, the more likely that employers, insurers, and others in your community will respond.

- **Tell federal, state, and local elected and appointed officials what you would like them to do to end discrimination**. Specifically mention policies listed in this report. Give them examples of peers who have taken a stand on these issues, such as the National Black Caucus of State Legislators, which recently passed a resolution calling for parity. Visit those who disagree with your point of view, as well as those who agree.

- **Help enforce existing laws**. Some public and private policies, if enforced differently or appropriately, may help reduce discrimination and get more people into treatment. Public housing authorities, for example, could use the discretion provided in the law to help people get treatment. Urge your policymakers to enforce those policies that provide conduits to treatment and recovery.

Take Action Against Discrimination

- **Give presentations to professional and civic groups, including local and state bar associations**. Ask them to adopt resolutions and policy statements in support of the recommendations. For example, the National Council on Insurance Legislators passed a resolution calling for the repeal of the Uniform Accident and Sickness Policy Provision Law, which local groups are using to help make a case for change at the state level.

- **Educate local media**. Talk to newspaper editorial boards and local broadcasters about how discrimination impacts your community, and make recommendations for how they can help.

- **Hold a town meeting or a community forum to discuss the issues raised in this report**. The National Council on Alcohol and Drug Dependence held community forums for individuals to tell their stories of discrimination in San Francisco, Montgomery (AL), and New York City. Ask participants of your town meeting to talk about their experiences and ask what they can do to end discrimination in your community.

- **Convene your own policy panel**. Involve public officials, opinion leaders, employers, people in recovery, and others. Study the situation. Hold a public hearing to receive testimony, and invite people who can present views from all sides. Issue your own report with recommendations and disseminate them broadly.

For more information visit: www.jointogether.org/discrimination

Resources

Public Agencies:

The following federal agencies offer extensive data and technical assistance that can be used to support community-level actions against discrimination.

National Institute on Drug Abuse
National Institutes of Health
6001 Executive Blvd, Room 5230, MSC 9591
Bethesda, MD 20892-9561
Contact: Lucinda Miner, Ph.D.
Phone: 301-443-6071
E-mail: cminer@nida.nih.gov
www.drugabuse.gov

National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health
6000 Executive Blvd, Suite 405
Bethesda, Maryland 20892-7003
Contact: Kelly Green Kahn
Phone: 301-443-0347
E-mail: kgreenka@mail.nih.gov
www.niaaa.nih.gov

Center for Substance Abuse Treatment
SAMHSA
5600 Fishers Lane, Suite 900
Rockville, MD 20857
http://csat.samhsa.gov

Center for Substance Abuse Prevention
SAMHSA
5600 Fishers Lane, Suite 840
Rockville, MD 20857
Contact: Joyce Weddington
Phone: 301-443-2929
E-mail: jweddingt@samhsa.gov
http://csap.samhsa.gov

Private Organizations:

American Association for the Treatment of Opioid Dependence
217 Broadway, Suite 304
New York, NY 10007
Contact: Mark Parrino
Phone: 212-566-5555
E-mail: amermeth@aol.com
www.aatod.org
AATOD supports the legitimacy of methadone and other medications, working to increase its use by jails, prisons, and physicians; organizing the methadone treatment community; and educating the public about methadone maintenance therapy.

American Association of Addiction Psychiatrists
7301 Mission Road, Suite 252
Prairie Village, KS 66208
Contact: Becky Stein
Phone: 913-262-6161
E-mail: bstein@aaap.org
www.aaap.org
AAAP promotes access, clinical practice excellence, public education, and dissemination of new information and research. They can provide assistance with policy change, including promotion of parity legislation, information on co-occurring disorders, and help with institutional change.

American Bar Association Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
Contact: Valerie Adelson
Phone: 202-662-1784
E-mail: adelsonv@staff.abanet.org
www.abanet.org/subabuse
The Standing Committee on Substance Abuse collaborates with national groups, state and local bar associations, and other ABA entities to address issues of substance abuse. The Committee also works to encourage bar associations to actively develop and foster lawyer and public participation in community and justice system efforts regarding illegal drug use.

The ABA has adopted policies that address some areas of discrimination, including: mandatory minimum sentences, particularly for non-violent drug users; differences in sentences based upon quantity for offenses involving crack versus powder cocaine; and, availability of treatment programs for drug-involved offenders.

Resources

American Bar Association Commission on Lawyer Assistance Programs
541 N. Fairbanks Court
Chicago, IL 60611
Contact: Donna Spilis
Phone: 312-988-5359
E-mail: spilisd@staff.abanet.org
www.abanet.org/legalservices/colap
The Commission's primary goal is to advance the legal community's knowledge of impaired lawyer issues, including chemical dependency and mental health problems. It also advocates solutions and serves as a clearinghouse for over 100 lawyer assistance programs.

American Civil Liberties Union
Drug Policy Litigation Project
85 Willow Street
New Haven, CT 06511
Contact: Graham Boyd
Phone: 203-787-4188
E-mail: dplp@aclu.org
www.aclu.org
The Drug Policy Litigation Project provides legal support to local, state and national drug reform efforts. Contact them if you have experienced discrimination or need legal information.

American Society of Addiction Medicine
4601 North Park Avenue, Arcade Suite 101
Chevy Chase, MD 20815
Contact: Eileen McGrath
Phone: 301-656-3920
E-mail: emcgrath@asam.org
www.asam.org
ASAM works to improve access and quality. Local ASAM chapters have passed resolutions and policy statements supporting parity and other issues. ASAM can connect you with addiction specialists in your area.

Child Welfare League of America
50 F Street NW, 6th Floor
Washington, DC 20001-2085
Contact: Steve Hornberger
Phone: 202-638-2952
E-mail: shornberger@cwla.org
www.cwla.org
Child Welfare League of America advocates for appropriate services that are available and accessible for parents and children affected by alcohol or other drug disease. CWLA also has promulgated values and principles for mental health and substance abuse services. Contact them for information.

Resources

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201
Contact: Allyson O'Sullivan
Phone: 703-522-6272 ext 315
E-mail: a.osullivan@eap-association.org
www.eapassn.org
EAPA is an international association working to expand access to treatment for people supported by employee assistance programs. Its local chapters can connect you to EAP resources in your area.

Ensuring Solutions
George Washington University
2021 K Street, NW, Suite 800
Washington, DC 20006
Contact: Pat Taylor
Phone: 202-296-6922
E-mail: info@ensuringsolutions.org
www.ensuringsolutions.org
Ensuring Solutions conducts and distributes research to encourage employers, policymakers, and concerned citizens to support quality treatment for alcohol use disorders

Faces and Voices of Recovery
901 North Washington Street, Suite 601
Alexandria, VA 22314
Phone: 703-299-6760
www.facesandvoicesofrecovery.org
Faces and Voices of Recovery encourages people in recovery to become advocates for others by helping them overcome their disease.

Legal Action Center
153 Waverly Place
New York, NY 10014
Contact: Catherine O'Neill
Phone: 212-243-1313
E-mail: koneill@lac.org
www.lac.org
Legal Action Center advocates for expanding substance abuse treatment and prevention services, and fights discrimination against people who are in recovery or suffering from alcoholism, drug dependence, or HIV/AIDS. Contact them for legal information.

National Alliance for Model State Drug Laws
700 North Fairfax Street, Suite 550
Alexandria, VA 22314
Contact: Sherry Green
Phone: 703-836-6100
E-mail: slgreen@mindspring.com
www.natlalliance.org
The Alliance serves as legislative clearinghouse for model law-related bills, trends in drug and alcohol abuse policies, and pertinent studies, reports and programs.

Resources

National Association of Alcoholism and Drug Abuse Counselors
901 N. Washington Street, Suite 600
Alexandria, VA 22314
Contact: John Avery
Phone: 800-377-1136
E-mail: javery@naadac.org
www.naadac.org
NAADAC helps addiction professionals achieve excellence through education, advocacy, and, professional development and research. Contact them for policies relevant to ending discrimination or to receive information on training curricula for counselors.

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
Contact: Alec Christoff
Phone: 703-575-9400 ext 11
E-mail: achristoff@nadcp.org
www.nadcp.org
NADCP promotes adult, juvenile, and family drug courts as a means to increase the number of people getting substance abuse treatment. They can put you in touch with drug court professionals in your area.

National Conference of State Legislatures
444 North Capitol Street, NW, Suite 515
Washington, DC 20001
Contact: Alison Colker
Phone: 202-624-5400
E-mail: info@ncsl.org
www.ncsl.org
NCSL collects data on states' substance abuse parity laws and writes briefing papers about parity and other issues. Contact them for information about your state.

National Council on Alcoholism and Drug Dependence
20 Exchange Place, Suite 2902
New York, NY 10005
Contact: Stacia Murphy
Phone: 212-269-7797
E-mail: national@ncadd.org
www.ncadd.org
NCADD fights the stigma of alcohol or other drug disease by working with local affiliates to hold community forums, support policy change, and fight for quality substance abuse treatment. Contact NCADD for a list of affiliates near you.

Resources

National Mental Health Association
2001 N. Beauregard Street, 12th Floor
Alexandria, VA 22311
Contact: James Radack
Phone: 703-838-7539
E-mail: jradack@nmha.org
www.nmha.org
NMHA is committed to fighting against the stigma surrounding mental health and substance abuse. Contact a local NMHA affilitate to join its fight for parity, justice and healthcare reform, and other issues.

Partnership for Prevention
1015 18th Street, NW, Suite 200
Washington, DC 20036
Contact: Molly French
Phone: 202-833-0009
E-mail: mfrench@prevent.org
www.prevent.org
Partnership for Prevention provides employers with evidence-based information on employee health and productivity, including providing specific steps for employers who want to address alcohol and drug use.

Physician Leadership on National Drug Policy
Brown University Center for Alcohol and Addiction Studies, Box G-BH
Providence, RI 02912
Contact: Kathryn Cates-Wessel
Phone: 401-444-1817
E-mail: plndp@brown.edu
www.plndp.org
PLNDP formed when 37 physicians adopted a consensus statement to reform national drug policy. Thousands of physicians have joined them. Publications and videos are available for ordering through the Web.

Students for Sensible Drug Policy
1623 Connecticut Avenue, NW, 3rd Floor
Washington, DC 20009
Contact: Shawn Heller
Phone: 202-293-4414
E-mail: ssdp@ssdp.org
www.ssdp.org
SSDP is committed to overturning the Drug-Free Student Aid provision of the Higher Education Act. Contact them to organize a group on your campus.

Selected Readings

Appropriate Health Care

"Changing the Conversation: The National Treatment Plan." U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, November 2000.

D'Aunno, Thomas and Harold A. Pollack. "Changes in Methadone Treatment Practices, Results from a National Panel Study, 1988-2000." *Journal of the American Medical Association (JAMA)*, Vol. 288, No. 7, August 21, 2002.

Key Provisions of Settlement Agreement between Minnesota Attorney General Mike Hatch & Blue Cross Blue Shield of Minnesota. June 19, 2001.

Markel, Howard. "For Addicts, Relief May Be an Office Visit Away." *The New York Times*, October 27, 2002.

McLellan, A. Thomas, David Lewis, Charles O'Brien and Herbert Kleber. "Drug Dependence, a Chronic Medical Illness." *Journal of the American Medical Association (JAMA),* Vol. 284, No. 13, October 4, 2000.

National Institute on Drug Abuse. *Principles of Drug Addiction Treatment*. 1999.

Rivara, Frederick P, Sara Tellefson, Elizabeth Tesh, and Larry M. Gentilello. "Screening Trauma Patients for Alcohol Problems: Are Insurance Companies Barriers?" *The Journal of Trauma: Injury, Infection, and Critical Care*, Vol. 48, No. 1, 2000.

Reuell, Peter. "Methadone Clinic Wins Battle." *Metro West Daily News*, June 7, 2002.

"Subutex and Suboxone approved to treat opiate dependence." *FDA Talk Paper*, U.S. Food and Drug Administration, October 8, 2002.

Zimmerman, Rachel. "Why Emergency Rooms Rarely Test Trauma Patients for Alcohol, Drugs." *The Wall Street Journal*, February 26, 2003.

Employment

Ayres, Karen. "124 Criminals OK'd by State DOE [Department of Education]." *The Trenton Times Online*, September 8, 2002.

Burge, Kathleen. "Gap in Mental Disability Coverage to Get SJC Test; State Worker Says Policy is Biased." *The Boston Globe*, September 9, 2002.

"Refusal to Rehire Ex-Drug User Was Discriminatory, Court Rules." *Substance Abuse Letter*, Volume 7, Number 20, 2002.

Selected Readings

Housing

"No Knowledge Requirement for Eviction of Public Housing Tenant for Drug-Related Criminal Activity on the Premises." *NCJA Justice Bulletin*, April 2002.

Tuhus, Melinda. "When Sober Houses Become Part of the Neighborhood." *The New York Times*, March 17, 2002.

Education

Huffington, Arianna. "The Drug War Goes to College." Salon.com, April 26, 2001.

Women and Welfare

Liptak, Adam. "Whose Urine Is It?" *The New York Times*, October 27, 2000.

About Join Together

Join Together, founded in 1991 by a grant from The Robert Wood Johnson Foundation to the Boston University School of Public Health, supports community-based efforts to reduce substance abuse and gun violence.

Previous Join Together policy panel reports address other issues regarding treatment and the criminal justice system, including *Fixing a Failing System: How the Criminal Justice System Should Work with Communities to Reduce Substance Abuse* (1999) and *Treatment for Addiction: Advancing the Common Good* (1995). Recommendations from these panels call for repealing mandatory sentencing, integrating treatment into the criminal justice system, and offering parity coverage for treatment.

In 2000, Join Together launched Demand Treatment!, a national initiative to drive up the demand for treatment through community partnerships, technical assistance, and alliances with public and private co-sponsor organizations. Ending discrimination against people seeking or in treatment or recovery from alcohol or other drug disease plays an important role in increasing the number of people who get screenings, brief interventions, and referrals to appropriate treatment. To receive free, weekly e-mail updates about Demand Treatment, visit: www.jointogether.org/sa/action/dt/news

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Ending Discrimination Against People with Alcohol and Drug Problems
Recommendations from a National Policy Panel
2003 Report

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PARTICIPATE

☐ Please add the organization named below to the Join Together online State Action Center.

COMMUNICATE

☐ Yes, Join Together may list me in their online directory of people interested in taking action against substance abuse. See my information below.

☐ Please sign me up for the Demand Treatment E-News, a free weekly e-mail, keeping me up to date on treatment news, issues, funding, and policies. My e-mail address is listed below.

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